

<i>SERFF Tracking Number:</i>	<i>MUTM-126894778</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47254</i>
<i>Company Tracking Number:</i>	<i>NEIL SANDHOEFNER</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>Med Supp Outlines Gerber 11-2010 - BC12 00-11</i>		
<i>Project Name/Number:</i>	<i>Med Supp Outlines -Gerber - BC12 00-11/BC12 00-11</i>		

## Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Med Supp Outlines Gerber 11- SERFF Tr Num: MUTM-126894778 State: Arkansas  
2010 - BC12 00-11

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 47254  
Standard Plans 2010 Closed

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: NEIL SANDHOEFNER State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Stephanie Fowler

Disposition Date: 11/23/2010

Authors: Shelly Kaipust, Jan  
Serafini, Mary Gregg, Krysia  
Gannon, Ellen Cochrane, Kristin  
Miller, Neil Sandhoefner

Date Submitted: 11/08/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Med Supp Outlines -Gerber - BC12 00-11

Project Number: BC12 00-11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/23/2010

Deemer Date:

Submitted By: Ellen Cochrane

Filing Description:

RE: Gerber Life Insurance Company

NAIC # 4483-70939 FEIN 13-2611847

Individual Medicare Supplement Insurance

Outline of Coverage BC12 00-11

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/23/2010

Created By: Ellen Cochrane

Corresponding Filing Tracking Number:

SERFF Tracking Number: MUTM-126894778 State: Arkansas  
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Enclosed for your review and approval is the above-captioned Medicare supplement outline of coverage module form. This filing is being made to comply with the changes in the Federal Medicare coinsurance and deductible amounts. The only change in this module from the previously approved module is the coinsurance and deductible amounts effective January 1, 2011.

Outline of coverage module form BC12 00-11 will replace form BC12 00-10, which was approved by your Department on December 1, 2009.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me. Thank you.

Sincerely,

Neil Sandhoefner  
Phone: 402-351-6969  
Fax: 402-351-5298  
E-mail: Neil.Sandhoefner@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Neil Sandhoefner, Product & Advertising Compliance Analyst  
Mutual of Omaha  
Mutual of Omaha Plaza  
Omaha, NE 68175  
neil.sandhoefner@mutualofomaha.com  
402-351-6969 [Phone]  
402-351-5298 [FAX]

### Filing Company Information

Gerber Life Insurance Company  
1311 Mamaroneck Avenue  
White Plains, NY 10605  
(914) 272-4000 ext. [Phone]  
CoCode: 70939  
Group Code: 4483  
Group Name:  
FEIN Number: 13-2611847  
State of Domicile: New York  
Company Type: Life & Health  
State ID Number:

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## Filing Fees

SERFF Tracking Number: MUTM-126894778 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$50.00	11/08/2010	41635459

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/23/2010	11/23/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Outline Cover Page	Mary Gregg	11/15/2010	11/15/2010

<i>SERFF Tracking Number:</i>	<i>MUTM-126894778</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 11/23/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Outline of Coverage	Approved	Yes
Form	Outline Cover Page	Approved	Yes

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## Amendment Letter

Submitted Date: 11/15/2010

### Comments:

We are submitting an updated outline of coverage cover page module including the new Plan K and Plan L amounts. This form will replace CP12, which was approved by your Department on October 27, 2009.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CP12 00-11	Outline of Coverage	Outline Cover Page	Initial					CP12 00-11 (Outline Cover Page).pdf

SERFF Tracking Number: MUTM-126894778 State: Arkansas

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Project Name/Number: Med Supp Outlines -Gerber - BC12 00-11/BC12 00-11

## Form Schedule

### Lead Form Number: BC12 00-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/23/2010	BC12 00-11	Outline of Coverage	Outline of Coverage	Initial			BC12 00-11 (Outline Benefit Charts).pdf
Approved 11/23/2010	CP12 00-11	Outline of Coverage	Outline Cover Page	Initial			CP12 00-11 (Outline Cover Page).pdf



## PLAN A

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,132	\$0	\$1,132 (Part A Deductible)
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$283 a day	\$283 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$141.50 a day	\$0	Up to \$141.50 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN A**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$162 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay
<b>MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$162 of Medicare Approved Amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare Approved Amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A AND B**

<b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$162 of Medicare Approved Amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**PLANS F AND G**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,132	\$1,132 (Part A Deductible)	\$0	\$1,132 (Part A Deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$283 a day	\$283 a day	\$0	\$283 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$566 a day	\$566 a day	\$0	\$566 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$141.50 a day	Up to \$141.50 a day	\$0	Up to \$141.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b> First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLANS F AND G**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$162 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
<b>MEDICAL EXPENSES</b> —IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$162 of Medicare Approved Amounts*	\$0	\$162 (Part B Deductible)	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare Approved Amounts)	\$0	100%	\$0	100%	\$0
<b>BLOOD</b>					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$162 of Medicare Approved Amounts*	\$0	\$162 (Part B Deductible)	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b> —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

**PARTS A AND B**

<b>HOME HEALTH CARE</b> —MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$162 of Medicare Approved Amounts*	\$0	\$162 (Part B Deductible)	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS F AND G**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan F Pays</b>	<b>You Pay</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>FOREIGN TRAVEL—NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

# GERBER LIFE INSURANCE COMPANY

## OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE

### BENEFIT PLANS A, F AND G

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan “A.” Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans. Plans E, H, I, and J are no longer available for sale.

#### Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.  
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.  
 Blood: First 3 pints of blood each year.  
 Hospice: Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance *		Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4,640; paid at 100% after limit reached	Out-of-pocket limit \$2,320; paid at 100% after limit reached		

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	Not required for this filing.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	Not required for this filing.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	Not required for this filing.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	Not required for this filing.		
<b>Comments:</b>			